

Help Form

My office is happy to assist you in all of your needs.
However, to facilitate your request, please send the form below my office.
Make sure that you sign it; without a signature, we will not be able to help
you. Please print out the form, complete, sign, and mail it to the address listed below.

Name: _____

Address: _____

City and Zip Code: _____

Daytime phone: _____ Evening phone: _____

Fax number: _____ Email: _____

Social Security number: _____

Please provide any other tracking numbers relevant to your case, such as Veteran Case Identification number, CSA
number,
IRS number, INS number:

Federal agency you need help with: _____

Brief description of the problem (attach more pages if necessary):

I hereby request the assistance of the Office of United States Representative Ellen O. Tauscher in addressing the matter described above, and authorize Rep. Tauscher and her staff to receive any information which they may need in order to provide this assistance.

Signature* and Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail or fax to:

Rep. Ellen O. Tauscher

Attention: Casework

2121 N. California Blvd., Suite 555

Walnut Creek, CA 94596

(925) 932-8159 fax

(please attach copies of any supporting documents)